

# Newcastle CAMHS Partnership

## Minutes of meeting on Friday 5<sup>th</sup> September 2008

### Present

Aileen Fitzgerald	Head of Children and Families
Andy Roberts	Local Authority Be Healthy Lead
Jan Brown	Senior Manager, Newcastle CAMHS
Linda Mason	Head of Inclusion, Newcastle City Council
Pat Thompson	Manager Children with Disabilities
Caroline Wills	Speech & Language Therapy Manager, Community Team for Learning Disabilities (CTLD)
Jacqui Sirs	Assistant Director Children's Services, Barnardo's

In attendance:  
Sue Miller

### 1. Apologies for absence

Gill Shapero	Clinical Nurse Lead Children & Families, Newcastle Primary Care Trust
Dr David Ward	Consultant Psychiatrist Newcastle, CAMHS and Early Intervention in Psychosis Service

### 2. Notes from previous meeting

These were accepted as a true record.

### 3. Matters arising

#### 3.1 Tier 4/ Development of Community Infrastructure – principles for agreement

**Action: Send copy of final version (AF)**

#### 3.2 Early Years Emotional Wellbeing Strategy

It was agreed that this strategy was in reality an action plan that could be considered as a sub set of the parenting strategy or the CAMHS strategy. It was also agreed that this needs to be ratified by this partnership as we need to be clear about how this fits with the overall

action plan for CAMHS. It was noted that parenting like participation is an issue that crosses all outcome streams.

**Action: input into the re-draft of the self assessment matrix (AR/AF)**

#### **4. Parental Mental Health**

Clare Hopkins was in attendance for this item. Claire explained that the Parental Mental Health Strategy follows on from the 2004 Maternal Mental Health Strategy and a final draft will be available in October. A number of issues have been identified along with the recognition that this strategy needs to have whole system approach. The steering group had been reconstituted and the membership widened including the fathers group representative. Focus groups have been used to develop the strategy and this gave a fresh perspective. Actions plans are in final preparation. It was noted that if more resources are required this would need to be considered within the business planning process or be achieved by reconfiguration within current PCT budgets. Sue Miller reported that within the Early Years Emotional Wellbeing Strategy, a gap had been identified for services delivered to the most vulnerable families and a coordinated approach to addressing emotional wellbeing needs is required.

**Action: Share final draft with partnership (CH)**

#### **5. Emotional Wellbeing Project – Wallbottle School**

Andy reported that the Neighbourhood Renewal Funding (NRF) money was coming to an end but an additional six months partial funding has been secured to enable the service to continue until the end of March 2009. Jan Brown reported that the project had evaluated very well and the goal is to adopt a citywide approach. The availability of funding for 2009/10 is unclear as it was thought that 25% of funding may be available. Andy reported that further thought needs to be given about the role of this partnership in influencing how various funding streams are spent around the city when the impact on the objectives of this partnership. It was agreed that until funding position is clarified further consideration will be given as to how this work fits into the potential bid for Emotional Wellbeing in Schools funding.

It was agreed that there needs to be some triangulation across partnerships and was suggested that the PBMA priorities could be shared to raise awareness as alignment of commissioning streams is essential.

## **6. Mental Health and Emotional Wellbeing Delivery Group**

Andy reported that this group is being led by Malathi Natarajan, consultant in Public Health for Newcastle PCT and the remit is to explore promotion of Mental Health and Emotional Wellbeing in Newcastle following a request for this work to be undertaken by the Health and Wellbeing Partnership, as it is identified within the Newcastle Health Improvement Strategy as a top priority for action. The delivery group need to produce an action plan against three objectives, the category's include:-

- Schools
- Workplace
- Community

It was agreed that a clear link between this partnership and the Mental Health and Emotional Wellbeing Delivery Group needs to be established.

**Action: Invite Malathi to the next meeting (AF)  
Prepare a forward plan (JB)**

## **7. Any Other Business**

### **7.1 Inclusion directorate re-structure**

Linda Mason reported that this was underway and the outcomes of the work will be brought back to this partnership at an appropriate juncture.

### **7.2 Emerging Plans**

David Ward brought to the groups attention the Local Authority Child Poverty Pilot bid and the Northumbria Police plan for children and young people. Both developments were considered to be very positive but the impact for CAMHS needs to be considered.

### **7.3 Awareness raising for Psychosis**

David Ward reported that as a member of the Early Intervention in Psychosis Team, he had identified a need to increase awareness of this condition with partners. It was suggested that a workshop could be offered to members of the Children and Young People Strategic Partnership, similar to the one they proposed on Safeguarding.

**Action: Raise with C&YPSP - 15<sup>th</sup> September (AF)**

### **7.4 Streetwise response to CAMHS Needs Assessment**

E-mail communication had been received from Streetwise in response to the Needs Assessment.

**Action: Distribute e-mail and response to Partnership members (AR/AF)**

**8. Development work**

The draft CAMHS strategy and associated documents were prepared in final draft.

**9. Date and time of next meeting**

Friday 3<sup>rd</sup> October, 12.00-2.00, Benton House